



# County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, California 90012  
(213) 974-1101  
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA  
Chief Executive Officer

June 29, 2009

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To: Supervisor Don Knabe, Chairman  
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From: William T Fujioka  
Chief Executive Officer

## SEAMLESS SENIOR SERVICES INITIATIVE

On March 24, 2009, on motion by Supervisors Antonovich and Knabe, your Board instructed the Chief Executive Office to report back with recommendations for integrating services for Los Angeles County seniors including an implementation timeline for the short-term recommendations that are cost-neutral to the County. Additionally, the report was to include an overall status on the effort including next steps, long-range recommendations, and cost-avoidance estimates associated with integrating, streamlining, and eliminating services duplication.

The response presented below and the recommendations that follow are based largely on the County's collaborative efforts to address the need for integration pursuant to objectives identified to your Board in April 2008 including:

1. Identifying the multiple programs in the County that provide services to seniors and the collection of associated data;
2. Drafting a plan to address the needs of seniors;
3. Designing systems and organizational structures to support an integrated case management system.

## Background

In 2006, the first of the Baby Boomers—those born between 1946 and 1964—began to turn 60, ushering in an unprecedented wave of growth in the senior population. Today, over 1.6 million seniors call Los Angeles County their home. According to data projections provided by the California Department of Finance and presented by Los Angeles County Urban Research, the number of seniors living in Los Angeles will double by 2030. This

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explosive growth in the senior population will place unprecedented demand on the County to deliver senior services. It will also challenge County leadership to consider the most efficient methods to meet those needs at a time when economic resources may continue to decline.

In April 2008, the Department of Community and Senior Services (CSS) started to lead a Countywide, cross-collaborative effort in response to this need. The collaborative –known as the *Seamless Senior Services (S3) Initiative* – represents the County's initial steps towards an integrated services delivery system.

Although this initiative started with a focus on seniors, it evolved with the realization that adults with disabilities share many of the same needs and concerns. Accordingly, efforts were expanded to include both populations.

### **Seamless Senior Services Task Force**

An S3 Task Force, comprised of representatives from 24 County departments and agencies and the Los Angeles City Department of Aging, was created to identify existing programs and resources. The Task Force also developed a set of short-term, low-hanging fruit recommendations aimed at addressing the needs of seniors and adults with disabilities in the following four areas:

- Elder Abuse Prevention and Intervention
- Health and Well-being
- Income Support
- Supportive Services

Additionally, between March and May 2009, leadership and subject matter experts from the County's aging and adults with disabilities programs convened to develop additional short and long-term proposals. These discussions produced several recommendations that supported integration and collaboration across the following critical programs:

- Adult Protective Services
- Area Agency on Aging
- In-Home Supportive Services
- Older Adult System of Care
- Public Guardian
- Senior Centers and Recreation

From these efforts there also emerged the need to examine and address homeless and housing issues and concerns for seniors and adults with disabilities.

Overall, nearly 60 short and long-term recommendations were proposed that supported integration and increased coordination between County departments to enhance service delivery for seniors and adults with disabilities. Recommendations ranged in scope from creating information portals focused on increasing awareness of aging and disabled adult programs to establishing a countywide Information and Assistance application call center. An Implementation timeline of all S3 proposals is included in the attached Seamless Senior Services Recommendations matrix.

### **Stakeholder Sessions**

To gain support and input from the community, the S3 Task Force engaged a diverse representation of stakeholders through a series of stakeholder meetings. Beginning in October 2008, 16 stakeholder sessions were facilitated encompassing the five Supervisorial Districts and every Service Planning Area (SPA) of Los Angeles County. All stakeholder sessions were open to the public and letters of invitation, news releases, and other forms of community outreach were coordinated by CSS.

These sessions enabled the community to learn about S3 goals, objectives and recommendations for a seamless services model. But more importantly, they enabled the County to listen to the community and to involve seniors in shaping the policy and programs that impact their lives. Throughout these sessions, seniors repeatedly indicated that they wanted more information about the services available to them. They also expressed their interest in participating in decisions that affect their lives and a need for the County to focus on services that result in positive outcomes.

### **Integration and Collaboration Models**

In an effort to understand integration and collaboration structures, studies were undertaken of three California counties that initiated preparations to address the demographic shift in their aging and disabled adult populations. The study revealed that San Diego, San Francisco, and San Mateo Counties integrated critical services as a way to decrease costs and streamline services delivery.

These organizations developed a single-point-of entry or one-stop resource center where the community may access basic program information and obtain referrals for additional assistance. Through effective coordination, these organizations created systems that work together to minimize frustration and access for seniors, adults with disabilities, their families, and other care providers. The three Counties shared several characteristics and methods that offer valuable lessons for developing and implementing system changes:

1. The primary aging organizations for all models integrated programs that serve the same target population: seniors and adults with disabilities. Through integration, these Counties were better able to identify and give priority to aging

and disabled adult concerns that may have otherwise been subordinate to other services goals;

2. Counties developed mission and vision statements to guide their work and retain focus on tasks and goals;
3. Counties organized, leveraged, and coordinated resources to develop greater efficiencies;
4. Counties developed mechanisms for getting input from constituents and stakeholders in both the planning and implementation process; and
5. Integration enabled greater collaboration between programs and led to innovations in services delivery.

As part of the study, co-located collaborative systems were also evaluated. Because Los Angeles County has extensive experience in developing and implementing inter-agency approaches that are recognized as highly effective, attention was given to three internal, successful initiatives:

1. County of Los Angeles Financial Abuse Specialist Team (FAST);
2. County of Los Angeles Elder Abuse Forensic Center; and
3. County of Los Angeles PROJECT 50.

Collaborative models emphasize coordination to facilitate seamless services delivery while maintaining separate organizational structures. The three inter-agency models demonstrated ways in which separate agencies can quickly be organized to effectively achieve successful service delivery outcomes:

1. Inter-agency teams organized subject matter experts within work environments that facilitated thorough examination and case management practices that improve intervention and prevention efforts;
2. Inter-agency teams can be assembled quickly and within current resource limits to seamlessly address specific and complex services needs; and
3. Inter-agency teams used partnerships with external entities to leverage resources in order to provide a client-centered and comprehensive service plan that enables them to achieve and sustain positive outcomes.

## **Overall Progress**

The S3 Initiative achieved several accomplishments during the past year. Through this effort the County was able to center its efforts on identifying the various programs that serve seniors and adults with disabilities. County program leaders and subject matter experts also came together to find ways of improving coordination and/or integration of various programs. This collaboration resulted in the formulation of nearly 60 recommendations. Consensus was also gained among County policy makers that aging and disabled adult concerns are complex. They also agreed that we need to change our business approaches to serve this growing population.

Moreover, pursuant to your Board's March 24, 2009, instruction, the S3 Task Force made significant progress in the following areas:

1. Established recommendations that support integration and eliminate duplicative processes such as creating a one-stop Information and Assistance call center. This model would enable seniors and adults with disabilities to access application, information, and referral services from one centralized location;
2. Created an implementation timeline for all S3 recommendations that can, to the extent possible, be absorbed with existing resources. An implementation team will be created in CSS to coordinate collaborative efforts with affected departments in reviewing, prioritizing, and implementing recommendations identified on the timeline; and
3. Identified long-range recommendations that support enhancing the County's infrastructure and information-sharing network, improving coordination between County departments, and exploring additional integration efforts.

The attached S3 Initiative report provides further background information on the project and S3 Task Force accomplishments. The report also details the recommendations to implement in the next phase of this project.

## **Next Steps**

Building on the S3 Initiative efforts, a multi-year phased-in approach is proposed for the continued planning, analysis, and design of organizational structures and/or administrative systems, as well as the implementation of short and long-term recommendations. This plan may need to be amended or refined as progress is made.

Based on the recommendations outlined in the S3 report, we have taken the following steps:

1. Asked the Director of CSS to maintain the lead role in the S3 effort and create a specialized implementation team to work with affected departments to coordinate and oversee the review, prioritization, and implementation of recommendations developed by the S3 Task Force;
2. Directed the department heads of CSS, Department of Mental Health, Department of Public Social Services, and Military and Veterans Affairs to establish MAPP goals that are centered on the implementation of S3 recommendations; and
3. Instructed affected departments to execute recommendations targeted for implementation on the implementation timeline using, to the extent possible, existing resources.

Additionally, my office will conduct a separate study to determine the feasibility of further integration efforts, by implementing structures that improve coordination between departments. Pursuant to your Board's March 24, 2009, instruction, the analysis will include a cost-avoidance study to estimate potential savings that could result from integrating, streamlining, and eliminating services duplication.

If you have any questions or need additional information, please let me know. Otherwise, your staff may contact Miguel Santana, Deputy Chief Executive Officer, at (213) 974-4530 or [msantana@ceo.lacounty.gov](mailto:msantana@ceo.lacounty.gov), or Cynthia D. Banks at (213) 637-0798 or [cbanks@css.lacounty.gov](mailto:cbanks@css.lacounty.gov).

WTF:SRH:MS  
GS:RG:cvb

#### Attachment

c: Executive Officer, Board of Supervisors  
County Counsel  
Community and Senior Services  
Department of Mental Health  
Department of Public Social Services  
Military and Veterans Affairs



CYNTHIA D. BANKS  
Director

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## COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY

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3175 WEST SIXTH STREET • LOS ANGELES, CA 90020-1708 • (213) 738-2600 (213) 487-0379 FAX

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BOARD OF SUPERVISORS

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MICHAEL D. ANTONOVICH

June 26, 2009

To: William T Fujioka  
Chief Executive Officer

From: Cynthia D. Banks  
Director

Subject: **SEAMLESS SENIOR SERVICES INITIATIVE FINAL REPORT**

In April 2008, you directed me to lead a County-wide cross-collaborative effort to identify all existing senior programs and explore the creation of a seamless service delivery model in response to the "graying" of Los Angeles County. The *Seamless Senior Services* (S3) initiative emerged as the vehicle for this project.

Over this past year, I had an opportunity to work with the finest of Los Angeles County's senior and adult with disability program leaders, care providers, and more importantly our community. We gained tremendous insight into the scope and complexity of service needs, and recognized the importance of leveraging our resources to create a seamless senior service model.

I am pleased to report that our collective efforts produced nearly 60 short and long term recommendations centered on improving the quality and efficiency of service delivery. These included proposals to enhance the County's infrastructure through automation of business and service processes, training and collocation initiatives.

A final report detailing our efforts and recommendations is attached. It describes the scope of the S3 initiative and outlines all our recommendations. The report also proposes a multi-year, phased-in approach to implement all S3 recommendations and to continue planning, analyzing and designing an integrated service delivery system.

Finally, I want to thank you for the trust that you placed in me to lead this initiative. It has truly been a rewarding experience to work with individuals that are passionately dedicated to improving the quality of life for seniors and adults with disabilities. I also want to express my gratitude to Miguel Santana for providing invaluable guidance and insight throughout the past year.

CDB:OS  
JG:JA:ja

Attachment

c: Each Supervisorial District  
Departments Heads  
S3 Task Force Chairs and Co-Chairs



LOS ANGELES COUNTY

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# Acknowledgments

*I am grateful to the many County departments and individuals who contributed time and energy to the Seamless Senior Services (S3) Task Force and this Final Report. Over 150 County managers from 25 County departments participated in the project.*

*Carlotta Childs-Seagle (DMH), Charles Medlin (DPSS), Doug DeCesare (LASD), Marcie Miranda (CDC), Michael Gargiulo (DA), Minh-Ha Nguyen (CSS), Phil Ansell (DPSS), and Sandra Wallace-Blaydow (DHR) were the Workgroup Chairs and Co-Chairs who provided leadership in developing the "low hanging fruit" and longer-term recommendations. They also served as an editorial board in reviewing initial drafts of the final report.*

*In addition to Workgroup Chairs and Co-Chairs, CSS staff support were valuable and met the needs of the workgroup by scheduling, taking minutes, and providing other support. Staff support included Anna Avdalyan, Gabriel Boyadjian, Thomas Jenkins, and Sylvia Zuniga. CSS Aging and Adult Services managers Roseann Donnelly, Lorenza Sanchez, and Brenda Sapp-Pradia provided consultation.*

*At the 16 Stakeholder Engagement Meetings held throughout the County in community centers, senior centers, and other public meeting facilities, 275 community stakeholders spoke and gave their insights. The Stakeholder Process consultants, Jane Martin and Taffany Lim, provided not only skilled facilitation at the stakeholder meetings but also drafted reports on what happened at each of the stakeholder sessions. They also did an excellent final report. Dr. Kathleen Wilber of the USC Leonard Davis School of Gerontology provided information on other jurisdictions' efforts to integrate senior services and gave a number of presentations at S3 Task Force meetings. Dr. Steven P. Wallace, UCLA School for Health Policy Research, provided the Elder Economic Security Standard Index (Elder Index), an analysis of the actual cost of basic necessities for older adults. Pete Fonda-Bonardi of Urban Research and Connie Sullivan of the CEO were helpful in applying U.S. Census demographic trends to L.A. County.*

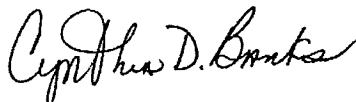
*A very special thanks to Miguel Santana for providing invaluable guidance and insight throughout the past year.*

*I also want to express my thanks to the social services Board Deputies who contributed their ideas and reactions to this effort. Specifically, I want to thank Andrea Aragon, Louisa Ollague, Linda A. Smith, Lisa Mandel, Flora Gil Krisiloff, Cynthia Scott, Nick Ippolito, and Helen Berberian.*

*I would also like to thank the Report Writing Team of Jhony Acosta, Sara Lee Dato, Jay Glassman, and Otto Solórzano. Arman Davayan provided the stellar and innovative graphic design, and Benjamin Uy provided the photographs.*

*Finally, special recognition goes to the individuals identified in the following pages for their invaluable contributions to this effort. Their shared experience and knowledge of aging and disabled adult programs enabled us to lay the foundation for improving service delivery to our communities.*

*Thank you all for your steadfast commitment and contribution.*



Cynthia D. Banks

## SEAMLESS SENIOR SERVICES INITIATIVE

<b>Affirmative Action Compliance</b>	Gordon Anthony Dolores Gonzales Cecile Ochoa Floyd McDonald		
<b>Animal Care &amp; Control</b>	Gail Miley		
<b>Arts Commission</b>	Sofia Klatzker		
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<b>Beaches and Harbors</b>	Dusty Crane		
<b>Chief Executive Office</b>	Cecille Asuncion James Blunt Lynn Cao Rosemary Gutierrez Karen Herberts	Lena Jones-Perez Brian Mahan Carlos Pineda David Seidenfeld Gevork Simdjian	Garrison Smith Connie Sullivan Betty Betts-Turner Jacqueline White
<b>Chief Information Office</b>	Gene Franklin		
<b>Child Support Services</b>	Jennifer Coultas		
<b>Children and Family Services</b>	James Blaydes Michael Gray Susan Kerr Maria Ontivero Mike Scoggins		
<b>City of Los Angeles</b>	Laura Trejo		
<b>Community and Senior Services</b>	Jhony Acosta Anna Avdalyan Barbara Banck Joy Bennett Gabriel Boyadjian Joan Cox Sara Lee Dato Arman Davayan Roseann Donnelly Maritza Dubie-Urbe	Ken Fong Richard Franco Jonathan Glassman Susi Huesca Thomas Jenkins Guillermo Medina Ann Miller Minh-Ha Nguyen Trinka Petties Margaret Quinn	Geraldo Rodriguez Lorenza Sanchez Brenda Sapp-Pradia Cheryl Sclaro Patricia Senette-Holt Otto Solórzano Sylvia Soto Gayane Ter-Oganesyan Benjamin Uy Sylvia Zufiga

# SEAMLESS SENIOR SERVICES INITIATIVE

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	Thomas Faughnan		
	Betsy Lindsay		
Consumer Affairs	Rigoberto Reyes		
	Kirk Shelton		
County Counsel	Joyce Aiello	Parjack Ghaderi	Brandon Nichols
	Ruben Baeza	Richard Girgado	Andy Owens
	Grace Change	Roger Granbo	Robert Ragland
	Elizabeth Cortez	Lawrence Green	Tracy Swann
	Thomas Fagan	Dawyn Harrison	Richard Townsend
	Stephanie Farrell	Jane Kwon	Richard Weiss
District Attorney	Vickie Carter		
	Michael Gargiulo		
	Jean Guccione		
	Wayne Mack		
	Monica Nesmith		
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	Ester Y. Bryant		
	Maricella Garcia		
Fire Department	Ernesto Gomez		
	Kiran Sahni		
Health Services	Carla Williams		
	Ray Jnaro		
Human Resources	Cheri Todoroff		
	Lisa Garrett		
	Ann Gomez		
	John Mina		
Internal Services Department	Sandra Wallace-Blaydow		
	Pete Fonda-Bonardi		
	Victor Chen		
	Yoko Myers		
	Howin Song		
Mental Health	Carlotta Childs Seagle		
	Connie Draxler		
	Kathleen Kerrigan		
	Kevin Tsang		

## SEAMLESS SENIOR SERVICES INITIATIVE

Military and Veterans Affairs Parks and Recreation	Colonel Joseph N. Smith		
	Manuel Escobar		
	Mika Yamamoto		
Personal Assistance Services Council	Oleeta Igar		
Probation	Jim Schoengarth		
Public Defender	Jo Anne Rotstein		
Public Health	Omeria Jefferson		
	Tony Kuo		
Public Library	Susan Broman		
Public Safety	Randy Budd		
Public Social Services	Phil Ansell	Mary Hewitson	Lanora Pook
	Philip L. Browning	Corneitha Kirk	Ron Price
	Michelle Callahan	Cathy Lewis	Veronica Sigala
	Peter Castro	Elvie Matias	Roberto Vera
	Hortensia Diaz	Charles Medlin	
Regional Planning	Connie Chung		
Sheriff's Department	John Clark		
	Douglas DeCesare		
	Susan Kopperur		
	Todd Megerle		
	Brian Morris		
Treasurer and Tax Collector	Martha Duran		

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# INTRODUCTION

In 2006, the first of the Baby Boomers<sup>1</sup> began to turn 60, ushering in an unprecedented wave of growth in the senior population. Today, over 1.6 million seniors call Los Angeles County their home. According to the data projections provided by the California Department of Finance and presented by Los Angeles County Urban Research, the number of seniors living in Los Angeles is projected to double by 2030. With the senior population growing rapidly, the County's leadership faces a daunting task as it considers the most efficient methods to deliver senior services at a time when economic resources continue to decline.

The Chief Executive Office began a County-wide, cross-collaborative effort to address these issues. Though this initiative started with a focus on seniors, it evolved with the realization that adults with disabilities share many of the same needs and concerns. Accordingly, we expanded our study to include both populations.

As we explored their needs, we found that younger seniors are more concerned with employment, recreation and leisure, and civic activities. Older seniors require greater access to health care, transportation, and housing services. And, while many will have the resources to meet their basic needs, many others – especially those with disabilities and those having poorer health and lower incomes – will look to local, State, and federal governments to provide the services they need to remain independent in their communities for as long as possible. As we delved further into these issues, we realized that the County may not be adequately prepared to meet the demand for services.

This report describes our initial efforts to identify changes that could improve access to services, facilitate better partnerships, and, increase service integration. It describes the conversations we had with other managers and policy makers and, most importantly, the community, in an effort to understand the issues most important to aging and disabled adults in Los Angeles County. We reviewed the practices of other California Counties in response to the overall graying of our community; we also explored three collocated collaborative initiatives within Los Angeles County. We identified possible recommendations for integration and improved coordination. Finally, we concluded with decisions the County will need to make to shape the design of services for seniors and adults with disabilities.

*Cynthia D. Banks, Director  
Community and Senior Services  
S3 Task Force Chair*

## EXECUTIVE SUMMARY

Los Angeles County has the highest number of seniors in California. According to the California Department of Finance, the number of seniors living in Los Angeles is projected to double by 2030. The County is taking the first steps to become better prepared to address the future needs of seniors.

The Seamless Senior Services (S3) initiative was launched in April 2008 in response to this need and represents the County's effort to enhance service delivery and improve coordination between departments. Though this initiative started with a focus on seniors, it evolved with the realization that adults with disabilities share many of the same needs and concerns. Accordingly, we expanded our study to include both populations.

Over the past year, we identified the spectrum of programs available to seniors and adults with disabilities. We also worked with leaders in various organizations throughout the County and in other jurisdictions to explore opportunities that improve coordination and/or support integration.

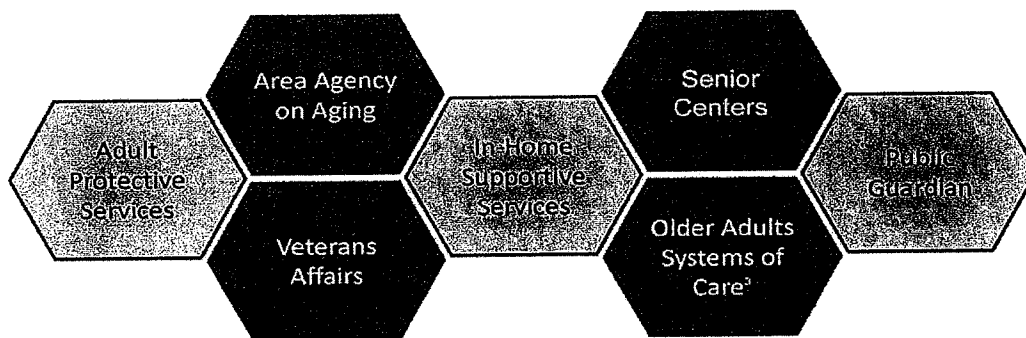
Our goal was also to gain consensus among County policy makers that our community's concerns are complex and that we need to change our business approaches to serve the growing population.

This initiative started with a charge to be proactive and better prepared to address the future needs of Los Angeles County's seniors. In our collaboration with leaders from various organizations across the County and through our conversations with the communities, we were able to achieve far more than any one organization could have accomplished working alone. In fact, the synergy in working toward a common goal enabled us to develop nearly 60 short-and-long term action items that will facilitate our progress in moving towards a seamless, "no-wrong door<sup>2</sup>" model for seniors and adults with disabilities.



## As part of this initiative, we...

- 1 Identified that the County has nearly 100 programs across 24 departments that provide services to seniors and adults with disabilities.
- 2 Created an S3 Task Force to facilitate discussions centered on enhancing coordination between County departments. From this effort emerged several “low hanging fruit” recommendations supporting short-and-long range goals.
- 3 Facilitated 16 stakeholder meetings throughout the County with seniors, adults with disabilities, care providers, and departments to review the “low hanging fruit” recommendations and to hear other suggestions on how to better meet the needs of the community. These meetings provided the S3 Task Force with an opportunity to involve seniors and adults with disabilities in shaping the policies and programs that impact their lives.
- 4 Studied three California Counties with integrated aging and disabled adult service delivery models and looked at agencies within Los Angeles County with coordinated service structures. We drew valuable lessons from these efforts for developing and implementing system changes.
- 5 Identified seven critical programs in the County that offer an opportunity for integration or enhanced collaboration. These programs are:



- 6 Developed nearly 60 recommendations to further strengthen service delivery in the areas of automation, emergency response, information sharing, intake processes, multi-disciplinary or inter-agency teams, policy and training development, referrals, integration and collaboration, homelessness, and transportation.



## NEXT STEPS

The Seamless Senior Services (S3) initiative represents the County's first steps in expanding service delivery and improving coordination between aging and adult services departments. Over the past year, our efforts centered on identifying the various programs that serve seniors and adults with disabilities as well as on working with program experts from other County departments to find ways of improving coordination and/or integration of various programs. Our goal was also to gain consensus among County policy makers that aging and disabled adult concerns are complex and that our current way of doing business is no longer sufficient.

The Task Force is proposing a multi-year, phased-in approach to the continued planning, analysis, and design of organizational structures and/or administrative systems as well as the implementation of short- and-long term recommendations.

**1** Community and Senior Services maintain its role as the lead department in the S3 effort.

**2** Community and Senior Services work with the Chief Executive Office and departments providing critical service to seniors and adults with disabilities to identify existing funds and establish an implementation team, housed in Community and Senior Services, in FY 2009-10. The team will:

**E**xplore the use of the County's Information Technology Fund to enhance an existing data warehouse system needed to centralize information for critical senior, disabled, and dependent adult programs;

**C**oordinate with affected departments (i.e. Chief Executive Office, Department of Public Social Services, Department of Mental Health, Military and Veterans Affairs, etc.) the review, prioritization, and implementation of recommendations developed by the S3 Task Force;

**L**ead the formation of a coalition, comprised of Health and Human Services agencies and community partners – especially those with subject matter expertise in subsidized housing and homelessness sectors – to address barriers to homelessness and help homeless seniors attain and sustain permanent housing.

**3** The Chief Executive Office direct the department heads of critical programs to establish MAPP goals that are centered on the implementation of S3 recommendations using, to the extent possible, existing resources in the following areas:

Automation  
Emergency Response  
Information Sharing  
Intake Processes  
Multi-Disciplinary Teams  
Policy and Training Development  
Referrals  
Integration and Collaboration  
Homelessness  
Transportation  
Other Services



**4** The Chief Executive Office conduct, or assign a lead department to explore, in consultation with affected departments, the feasibility of further integration efforts, such as creating a department specifically for some or all of the critical aging and disabled adult programs or implementing structures that improve coordination between departments. The analysis is to include cost-avoidance studies to estimate potential savings that could result from integrating, streamlining, and eliminating service duplication.

This initiative started with a charge to be proactive and better prepared to address the future needs of Los Angeles County's seniors. As the County moves into the next phase of planning and carrying out these recommendations, our constituents will remain at the center of our efforts to make Los Angeles County a great place to grow up and grow old.

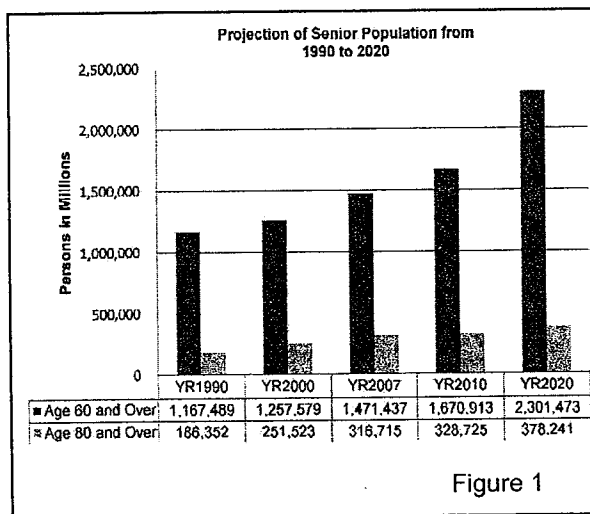
# The Need for Integration

Numerous articles and studies have been conducted across the nation on the aging of the Baby Boomers and the effect they will have on aging services providers. Many worry that the "graying" of the population will put unaffordable strains on government programs. People are also changing their attitudes about aging and what it means to be old. Today, people who are in their 60s typically do not consider themselves old, and it is normal to find 70-year-olds who are active, healthy and engaged. In Los Angeles County, we need to be informed about the demographic shifts that are occurring and the impact these shifts will have on services.

Building the infrastructure needed to support the needs of a diverse and aging population will take time; it is critical that we start to plan for those changes now.

## AGING IS ON THE RISE

The senior population in Los Angeles is growing at an unprecedented rate<sup>4</sup> (ref. Projection of Senior Population from 1990 to 2020, Figure 1). Between 1990 and 2000, the number of seniors age 60+ increased by 8 percent. From 2000 to 2010, this number is expected to increase by 33 percent; and from 2010 to 2020, the number of seniors over the age of 60 will have grown by an estimated 38 percent.

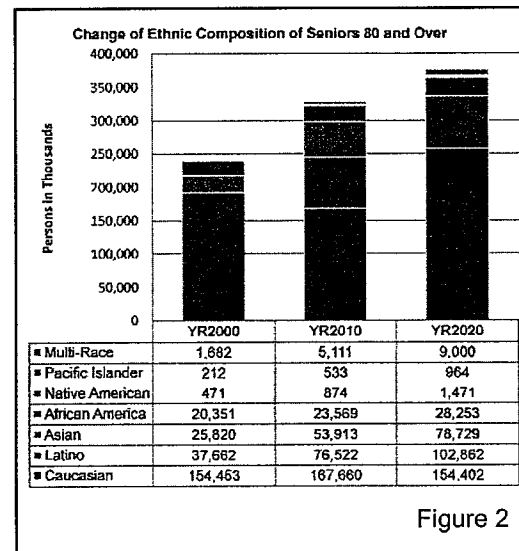


The greatest growth in the senior population to date is in the County's oldest residents, age 80+. Between 1990 and 2000, the number of seniors age 80+ increased by 35 percent. From 2000 to 2010, this number is expected to increase by 31 percent; and from 2010 to 2020, the number of seniors over the age of 80 will have grown an estimated 15 percent.

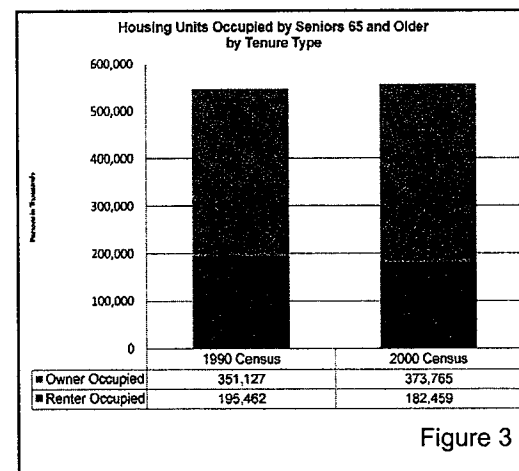
# and Service Coordination

People are simply living longer due to advances in medical care and technology. Seniors today are likely to be healthier and more mobile. At the same time, however, a large number of older adults will not have the means to meet basic needs. According to studies conducted by the University of California, Los Angeles, Center for Health Policy Research, over half of the seniors age 65 + in Los Angeles are economically insecure. Many of these seniors will look to the County for support and information about programs, eligibility, and access to services. In L.A. County, we need to ensure, as much as possible, that seniors have access to available resources.

Ethnic compositions will also affect the types of service needs we can expect in the upcoming years (Figure 2). Whereas the largest cohort of seniors age 80+ is Caucasian, a significant increase in the Hispanic and Asian population is expected in the next 10 years. According to the L.A. County Seniors Count! Survey<sup>5</sup>, residents of these ethnicities reported more needs with activities of daily living such as walking, bathing, cooking, yard work, and laundry. They also expressed a need for housing, transportation, employment, and health care.



According to the 2000 Census, two-thirds of seniors 65 and older living in Los Angeles are homeowners (Figure 3). One of the most significant concerns as people grow older is that they will have to leave their homes and go to long-term care facilities. Rather than move to a new community, even one that may be more physically suited to their needs, the vast majority of seniors prefer to stay in their own homes. This phenomenon is called "aging-in-place."

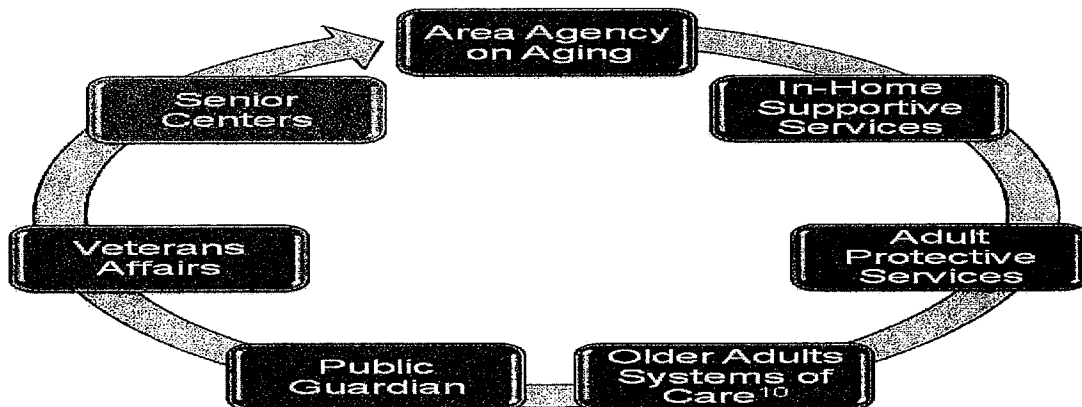


The desire to age-in-place will increase the demand for services that enable seniors to remain independent in their communities for as long as possible. The County can expect to see an increase in demand for inexpensive, easy-to-access transportation, affordable housing, in-home care, nutrition and meals programs, caregiver respite, and information and assistance. Additionally, the County can expect to see an increase in services that promote safety, intervention, and the well-being of seniors, such as adult protective services, public guardian, and mental health.

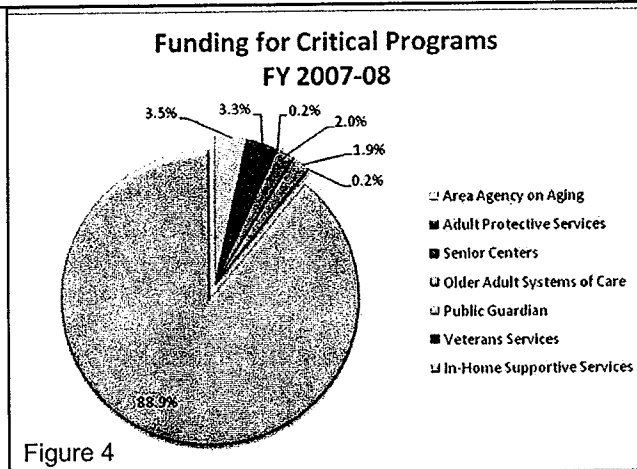
Funding for aging programs has not kept pace with service demands. Further, programs critical to the advocacy and protection of seniors in the community and in long-term care (LTC) facilities such as adult protective services and the LTC Ombudsman program have taken significant cuts as a result of State fiscal uncertainties. Although the County has nearly 100 programs that provide services for seniors, we will continue to be challenged in responding to aging needs.

How much money is the County spending on services to seniors? According to a survey<sup>6</sup> of Los Angeles County departments, an estimated \$2.9 billion<sup>7</sup> was budgeted for program services in FY 2007-08. This figure does not include State and federal monies for direct services such as IHSS provider wages, Medi-Cal payments to health providers, etc., which are significantly larger than the County's budget for these programs. L.A. County's cities, the State, and the federal government all play an important role in providing services to seniors; the County does not have exclusive or even primary responsibility for government services to seniors living in Los Angeles.

In looking at the services available to seniors and adults with disabilities there were seven critical and eight complementary<sup>8</sup> services identified. Critical services are those that serve primarily seniors and disabled adult populations, and with the exception of Senior Centers and Recreation programs, were identified by at least two of three California Counties<sup>9</sup> we reviewed for this report that had integrated aging services models. The seven critical programs are:



Approximately \$825.0 million was included in the County Budget for these programs in FY 2007-08. \$735.0 million of this amount represented monies for the In-Home Supportive Services (IHSS) program – by far the largest program for seniors in the County (Figure 4). Approximately 170,000 clients were served through IHSS last year –112,000 of whom were seniors.



## THE CHALLENGES AHEAD

Since seniors today are healthier and living longer, they will have a variety of other day-to-day needs that affect their quality of life, dignity, and ability to age independently. To name a few, there are needs for: home-delivered and congregate meals; information and resource assistance for seniors caring for older parents; recreational activities; mental health assessments; abuse intervention; and, homeless vouchers. Yet, funding for these needs has remained relatively stagnant over the past years. In fact, considering current cuts for senior programs at the State level needed to address the massive budget shortfalls and the rising cost of doing business, the County will be challenged to sustain even our current level of service. With the continued aging of the Boomers, the County's ability to respond to service demands in the coming years is highly uncertain.

Further, in looking at the organization of programs in the County, we see that services for seniors and adults with disabilities are not centrally aligned. Rather, they are interspersed with other programs whose purpose and goals differ from those of aging programs. Without common direction and outcomes centered on aging and disabled adult needs, the County will be challenged to improve opportunities for this population.

Additionally, since there is limited communication at the line staff level between departments, service access and delivery is frequently fragmented. And, since each program is likely to have its own set of eligibility requirements and application, resources and time are lost on duplicative processes. Overlaps in funding, target populations, and program oversight make it difficult to coordinate services and simplify access for seniors and adults with disabilities.

These challenges are not unique to L.A. County; they are common to aging policy makers throughout the State and across the nation. In fact, policy makers in other jurisdictions have spent several years planning for the aging population. Los Angeles County is behind in this effort. Clearly, the service needs of seniors and adults with disabilities will require substantial consideration. The County needs to start making changes in the way it coordinates and delivers services if it is to meet their needs.

## "LOW HANGING FRUIT" RECOMMENDATIONS

In April 2008, Los Angeles County took its first steps to address the graying of the population. Under the leadership of the County's Chief Executive Office, Community and Senior Services led a cross-County collaborative effort comprised of representatives from 24 organizations to start the conversation on aging services needs. The collaborative is known as the Seamless Senior Services (S3) Task Force. The purpose<sup>11</sup> of the task force was to identify existing programs and resources<sup>12</sup> and to develop a set of short-term, low-hanging fruit recommendations aimed at addressing the needs of seniors.

### Elder Abuse Prevention and Intervention Workgroup

Elder prevention and intervention services are necessitated by the rise in abuse, neglect, and exploitation of seniors and adults with disabilities. Only 1 in 14 incidents of elder abuse are reported or come to the attention of authorities. To address the increasing rate of abuse and to deal with the increased sophistication of abusers, Los Angeles County must further integrate all services in the areas of prevention and education, investigation and prosecution. The Elder Abuse Prevention and Intervention task force team<sup>13</sup> proposed initiatives that encouraged information sharing, training, and outreach to County workers, care providers, and the community to raise awareness on prevention and intervention of elder abuse related issues.

#### RECOMMENDATIONS

- 1 Develop a Master Calendar to advertise all available training opportunities.
- 2 Develop a checklist of available senior services for professionals and responders that increase referrals to resources.
- 3 Create a Speakers Bureau on Elder Abuse Prevention and Intervention.
- 4 Develop a training DVD to assist in the training of professional staff and emergency responders.



## Health and Well-Being Workgroup

The Health and Well-Being workgroup<sup>14</sup> focused its efforts on services that enabled seniors to remain healthy, mentally alert, and physically active. Their recommendations included:

- 1** *Establish an inter-agency team in each of the County's geographic Service Planning Area to address the complex and multiple needs of seniors and adults with disabilities requiring intervention from three or more County departments.*
- 2** *Expand outreach efforts to increase awareness of programs, such as Medi-Cal and Food Stamp services, by sending Eligibility Workers to Senior Centers or linking CSS's meal program with the Department of Public Social Services' Food Stamp program.*
- 3** *Expand services available through the Los Angeles County 211 information and referral hotline and promote its use to the senior community.*
- 4** *Expand the information on L.A. County Helps! to include a specific section on senior services.*
- 5** *Develop outreach strategies, such as creating a Public Service Announcement, to market available resources to the senior community, such as the Los Angeles County 211 hotline and L.A. County Helps!*
- 6** *Develop a process among departments to promote joint conference planning and cross-training of staff at the executive, mid-manager and direct service levels.*
- 7** *Compile a list of senior volunteer opportunities within County departments to promote their well-being.*
- 8** *Encourage cities that have contracts with the Department of Animal Care and Control to develop, fund and promote low-cost or no-cost Spay/Neuter Voucher and Adoption Programs for pets owned by seniors.*
- 9** *Develop a list of organizations that provide pet visitation and pet therapy in order to benefit aged and disabled adults that are hospitalized or in nursing home care.*
- 10** *Develop outreach programs, such as the Public Library's Book Delivery program that deliver services to home-bound seniors and adults with disabilities.*
- 11** *Create a brochure that identifies aging and disabled adult programs as well as briefly outlines eligibility requirements and contact information.*
- 12** *Create an Internet access program that enables seniors to obtain free or low-cost Internet service similar to other utility subsidy programs, such as telephone Life-Line and Level Pay Gas.*



## Supportive Services Workgroup

The Supportive Services Workgroup<sup>15</sup> examined approaches that enhance the County's infrastructure and enable professional staff to deliver efficient, quality, and seamless services. It also proposed creating resources that support easy access to information related to volunteer and mentoring opportunities. The recommendations included:

**1** Streamline the administrative process in developing collaborative relationships between County departments.

**2** Convert the Inventory of Senior Services Matrix into an on-line resource for County personnel.

**3** Develop a single waiver form for senior clients accessing County services to streamline referral processes.

**4** Require all County departments to identify a "Senior Services" representative with working knowledge of programs and services available within their organization. The "Senior Services" representative will have responsibility for providing yearly updates to the Inventory of Services matrix.

**5** Create a Los Angeles County Senior Resource Guide. The information contained in the Inventory of Services matrix can be converted, with minimal modification, into a "yellow pages" for County senior residents.

**6** Create a case-management system of care approach, such as the Adult Protective Services Elder Abuse Forensic Center multi-disciplinary team, that focuses on "high-risk" seniors.



## Income Support Workgroup

Many seniors and adults with disabilities need cash payments to enable them to live independently in a community setting. The Income Support Workgroup<sup>16</sup> discussed options to increase awareness about government benefits such as Supplemental Security Income (SSI). The recommendations included:

**1** Enhance the SSI Advocacy program to include outreach, program marketing, and application assistance to seniors including those that are homeless and/or receiving General Relief benefits.

**2** Develop a "Guide Book" that identifies all County services, volunteer and mentoring opportunities, and other information of interest to seniors. The guide book should be available via the Internet as well as in hard copy.

**3** Share available resource information with 211 information and referral hotline to improve access to information regarding available services.

# The Voice of Seniors

As individuals and as a society, we will have to make important decisions regarding the needs of seniors. Policy makers, families, and health care providers are challenged to prepare for the growth in the elderly population and the subsequent demand for senior services.

In response to this challenge, Los Angeles County<sup>17</sup> launched an unprecedented needs assessment of the Los Angeles' senior community in 2007. Over 16,500 seniors completed the survey.

The survey consisted of 40 questions on demographics, health care, transportation, employment, nutrition, housing, and in-home assistance. Sixty-five percent of respondents were 60-74 years old, 24 percent of respondents were 75-85 years old, and 11 percent were 85 and over.

According to the survey, younger seniors are predominately interested in employment, recreation and leisure, and civic activity. They requested information and assistance in legal services, public benefits, and safety issues. They also asked for more support with care giving burdens and expressed a need for affordable housing.

Older seniors (75-85 years) expressed needs centering on preventative care and well-being. In the area of health, seniors identified affordable health, health information, and prescription drug coverage as concerns.

Los Angeles County's oldest population reported needs that centered on social

isolation, help with daily activities, and home maintenance.

The survey showed differences in racial-ethnic groups as well. Although there was no distinct pattern of need among any one subpopulation, ethnic groups expressed higher rates of need than Caucasian groups. Native Americans, Pacific Islanders, Asians and residents of multiple ethnicities reported more needs in the areas of health care, employment opportunities, social isolation, care giving, housing, and transportation. Hispanic/Latino residents identified a high level of needs with activities of daily living.

Through the data gathered in this assessment, we learned that in Los Angeles County:

The larger and younger senior population is healthy and can maintain independence in their communities with relatively little outside involvement. Their needs center on access to information and services, as they are either caring for their own parents or still concerned about planning for times in which they will not function as independently as they do today.

As seniors grow into the 75+ age range, concerns shift to health care and well-being, assistance with daily living, and concerns with the loss of dignity and isolation.

Thus, as the population continues to gray, proactive County leadership is essential to ensuring that the needs of all seniors are met efficiently and seamlessly.

## 16 Stakeholder Meetings

### Keep Us Informed



The recommendations developed by the S3 Task Force and detailed in the previous chapter were shared with seniors, aging advocates, service providers, and other stakeholders throughout the County. In a series of 16 stakeholder sessions<sup>18</sup> attended by approximately 275 participants, workgroup chairs and co-chairs shared short-and long-term recommendations with the community. These meetings provided the S3 Task Force with an opportunity to hear from the community and to involve seniors in shaping the policy and programs impacting their well-being and their ability to remain independent for as long as possible. This is what they said:

*"Low income folks don't know what is happening and [what is] available to them ... people need to be informed."*<sup>19</sup>

Seniors want to know more about the services that are available to them. Without this knowledge, seniors remain unaware of available transportation, in-home care, legal assistance, social activities and other resources that make it easier to remain independent and active in their communities.

Besides senior centers, suggested locations for outreach included health clinics, hospitals, beauty salons, barbershops, faith-based organizations, libraries, and markets. Seniors further suggested that outreach should *"include more seniors"*<sup>20</sup> such as those that are homebound, those with limited English language skills and those living in geographically isolated areas.

Seniors also recommended that the County should *"... go where the seniors are."*<sup>21</sup> For example, the County could partner with caregivers, aging services providers, and other organizations, such as the American Association of Retired Persons (AARP), to ensure that information reaches its intended audience.

*"Involve us ... before deciding; ... See what ... we really ... need."*<sup>22</sup>

Seniors want to have a say in decisions that affect their well-being and their quality of life. They want to tell us about their needs and challenges. Seniors urged the County to *"call on their expertise"*<sup>23</sup> in planning aging services.

### Keep Us Involved



# Give Us Outcomes



*"We need to link services better for seniors."*<sup>24</sup>

Seniors emphasized the need to focus on services that result in positive outcomes and are easy to access. They identified the following key outcome areas in need of improvement:

**Access to Information:** Seniors suggested that the County must *"develop marketing and outreach materials so ... seniors know ... what is available ....and have access to the information."*<sup>25</sup> They encouraged the County to expand its marketing strategy to include television, newspapers, and radio. They also felt the Internet would be a good way to reach them. Some of the key concepts for written and web-based publications include:

**Large print**  
**Availability in other languages**  
**Simple, current, and accurate information.**

**Reliable transportation:** Seniors identified transportation as a major issue, especially for those with disabilities. Seniors recommended starting a program to donate used wheelchairs and other equipment. Additionally, their recommendations included travel vouchers, improved bus and train line access and schedules, and better monitoring of private transportation contractors. *"We need more transportation services like Dial-a-Ride"*<sup>26</sup> some seniors suggested.

**Senior housing:** Seniors also identified a need for affordable housing and more assisted living facilities. Some suggested building more senior housing units.

**"No wrong door:"** Seniors suggested that the County needs to do a better job coordinating services. They urged us to simplify access to services. Many seniors supported a "no-wrong-door" model while recognizing the need to protect confidentiality and privacy.

**Training:** Many seniors said, *"There needs to be more ... education."*<sup>27</sup> According to them, County staff often cannot answer questions beyond their own programs and "bounce [them] around" to other employees or other departments. Cultivating knowledge across a broad range of aging and adult programs would significantly improve an employee's ability to help seniors. Seniors also said there was not enough sharing of information between the County and private organizations. They voiced the need for more collaboration between public and private sectors.

## INTEGRATION AND COORDINATION MODELS THREE CALIFORNIA COUNTIES

San Diego, San Francisco, and San Mateo counties have already begun to prepare for the impending demographic, economic, and social changes triggered by the State's aging and diverse population. They have chosen to integrate critical services as a way to cut costs and streamline services delivery. Within integrated aging services systems, organizations have developed a single point of entry or one-stop resource center where people can go to get basic program information referrals for additional assistance. Effective coordination between services help to ensure that systems are working together to minimize frustration and access for seniors, their families, and other care providers. This chapter looks at their efforts to determine the feasibility of adopting similar approaches in Los Angeles County.

### San Diego County

In 1990, San Diego started with five organizations that provided either health or social services to County residents:

- Department of Health Services
- Department of Social Services
- Department of Veterans Services
- Area Agency on Aging
- Commission on Children, Youth & Families

In late 1996, the County Board of Supervisors approved the merging of these organizations into a single Health and Human Services Agency. In early 1998, the Public Administrator and Public Guardian organization was also placed with the Agency. According to San Diego County, by bringing these services and programs "under one roof," the delivery of health services and social services could be streamlined and integrated. Moreover, the Agency could be transformed into a more effi-

cient, effective, and client-focused organization.

Within the new Health and Human Services structure, there was further realignment of organizations and programs within those organizations. Subsequently, the following programs and services were integrated into a new department, Aging and Independence Services that was approved by the Board of Supervisors in February 1999:

- Area Agency on Aging Programs
- Aging and Independence Services Call Center
- Adult Protective Services
- In-Home Supportive Services
- Multi-purpose Senior Services Programs
- Veterans Services
- Senior Mental Health Team

**A**ging and Independence Services primarily serves seniors, adults with disabilities, abused adults, and others requiring home-based care to prevent institutionalization. In addition to taking Adult Protective Services and In-Home Supportive Services referrals and care management referrals, the Call Center provides the community with information and assistance on a variety of services. Therefore, their clients also include family members, caregivers, social workers, concerned citizens and law enforcement. By merging the efforts of information and assistance, care management referrals, and elder abuse reporting, Aging and Independence Services was able to implement a "no wrong door" model.

Services provided by Aging and Independence Services or through contracts with community-based organizations include five areas of focus:

**Information Services**

**Home-Based Services**

**Protection and Advocacy**

**Community Enrichment**

**Health and Independence Services**

Overall, the County's integration efforts enabled them to streamline service delivery and move toward a more efficient, effective, and client-focused organization. More specifically, the re-organization of health and social services into a single Health and Human Services Agency enabled them to:

- 1** Reduce management layers and increase "span-of-control," referring to the average number of staff a manager supervises.
- 2** Reduce the overhead rate from 21 percent to 12 percent.
- 3** Reduce the percentage of clerical staff from 23 percent to 15.5 percent.

According to a report from San Diego County, cost savings resulting from this redesign amounted to the re-investment of \$230 million in direct services.

Program and service outcomes resulting from the re-grouping of services into the Aging and Adult Services Department include improved coordination of services through the Call Center, and improved collaborations between aging advocates, the public, and other aging and adult services stakeholders.

## San Francisco City-County

In July 2000, the City and County of San Francisco created the Department of Aging and Adult Services to provide leadership in issues relating to older Californians and adults with disabilities. Leadership was needed to ensure that individuals could maintain a high quality of life and remain independent in their communities for as long as possible. The following programs were incorporated into the Department of Aging and Adult Services:

Office on the Aging  
In-Home Supportive Services (IHSS)  
Public Administrator  
Public Guardian  
Public Conservator  
County Veteran Service Office  
Representative Payee Program  
Adult Protective Services  
Information, Referral and Assistance

The Department of Aging and Adult Services serves as the Area Agency on Aging (AAA) for the City and County of San Francisco.

The merger put all the non-institutional city and county programs that serve older adults under one department as well as gave the Department of Aging and Adult Services the responsibility for support and services for disabled adults needing community-based long-term care services. According to Anne Hinton, Executive Director of Department of Aging and Adult Services, "The greatest benefit to the Department and its consumers was the sharing of infrastructure services with the Department of Human Services Agency."

Shortly after the Department of Aging and Adult Services was created, however, San Francisco's "dot.com" economy faltered, causing unexpected city and county budget shortfalls. The ensuing hiring freeze and funding curtailments discouraged it from attempting to improve the visibility of needs specific to seniors and adults with disabilities and to expand access to services. Thus, San Francisco decided to incorporate the Department of Aging and Adult Services into its larger Human Services operations to create a new, integrated agency that could provide the administrative infrastructure and resources it needed to move forward.



Additionally, since the Department of Aging and Adult Services and the Department of Human Services (DHS) already served many of the same consumers through DHS' Medi-Cal, Food Stamps, and Housing and Homeless programs, the consolidation of the two departments created an opportunity for closer coordination between the groups.

The merger also provided the resources needed to create new initiatives and programs fostering seamless service delivery and independent living. Some of these initiatives include:

### **Care Management Connect Pilot Project**

The Care Management Connect Pilot addresses fragmented care management across health, medical, social and supportive services programs. The pilot was built on the premise that case managers need to connect with each other so they know if clients were being served by other case management programs. San Francisco has piloted a re-design or expansion of case management to include a more holistic assessment and coordination of needs so that service access is seamless from a consumer perspective.

### **Long-Term-Care Intake and Screening Unit**

The Long-Term-Care Intake and Screening Unit is in place and functioning. In addition to being the centralized access point for Information and Referral, Adult Protective Serv-

ices, and In-Home Supportive Services, it is also the central point of access for Home-Delivered Meals Wait List and Community Living Fund. The Unit also interacts with 311 and 211.

### **Services Connection Pilot Project**

The Services Connection Pilot project represents a collaborative effort between the Department of Aging and Adult Services, the San Francisco Housing Authority, San Francisco's Resource Centers for Seniors and Adults with Disabilities, and other community-based organizations to bring needed support services to seniors and adults with disabilities who are living in subsidized housing.

In addition to the initiatives implemented by San Francisco City-County, communities are also taking steps to help residents age-in-place more comfortably. Modeled after Beacon Hill Village in Boston, Massachusetts, the San Francisco Village provides fee-paying members of the community with access to social and cultural activities, exercise, household and home maintenance services, as well as medical care and assisted living services. The program is fee-based; however, the Membership Plus program offers residents of moderate means the ability to enjoy the San Francisco/Beacon Hill Village benefits through a reduced membership rate and a credit towards programs and services. This program is funded by neighbors and foundations. Membership Plus members must be 60 years of age or older.



# San Mateo County

San Mateo's Aging and Adult Services Division is similar to San Francisco and San Diego counties' primary aging organization in its integration of the following services for seniors and adults with disabilities:

Information and Assistance  
Adult Protective Services  
Area Agency on Aging  
Public Guardian/Public Administrator  
Multi-purpose Senior Services Program  
Linkages  
In-Home Supportive Services, Public Authority  
Health Insurance Counseling and Advocacy Program

Like San Diego, San Mateo County has a centralized intake and referral process. Components of this program include assessment and consultation, protective and supportive services, and care management.

San Mateo is in the process of implementing and testing an electronic, uniform assessment tool (UAT). This instrument can be used across all programs and services provided within the County's Aging and Adult Services continuum of care. The tool is being incorporated in the County's Aging Program automated system and will enable the County to:

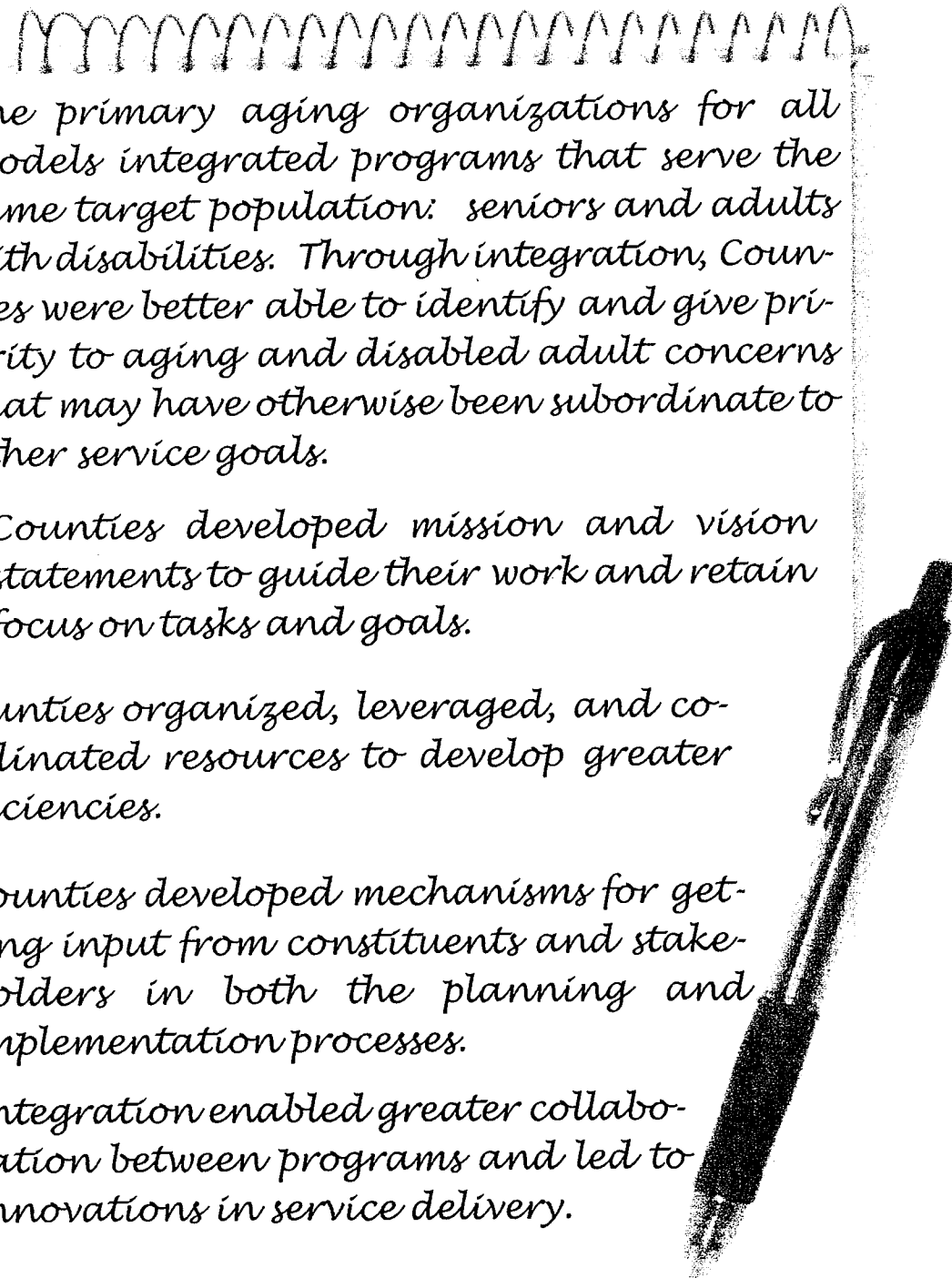
- Standardize the content and quality of assessment
- Track outcomes across time for individuals and whole client groups
- Track changes in the population over time by surveying changes in levels of frailty, providing a standardized response to needs, and providing aggregate data for policy making and planning.

The Aging and Adult Services Division is also working with the Health Plan of San Mateo, the managed care health plan that provides health care benefits to San Mateo County's underserved residents, and other partners to consolidate existing categorical home- and community-based programs with both acute and institutional care. Through the Healthier Outcomes through Multidisciplinary Engagement (HOME) project, it targets frequent users of the San Mateo Medical Center's Emergency Department to provide intensive care management services and to reduce unnecessary admission to the emergency departments. The HOME project was developed by an interdisciplinary committee consisting of:

Aging and Adult Services  
Mental Health Services  
Health Plan of San Mateo  
Hospital Consortium  
San Mateo Medical Center-ED  
San Mateo Medical Center  
Health Care for the Homeless Program  
Mobile Clinic  
Human Services Agency  
Alcohol and Drug Division  
Center on Homelessness  
Correctional Health

# Key Insights

The three counties share several characteristics and methods that offer valuable lessons for developing and implementing system changes:

- 
- ✓ *The primary aging organizations for all models integrated programs that serve the same target population: seniors and adults with disabilities. Through integration, Counties were better able to identify and give priority to aging and disabled adult concerns that may have otherwise been subordinate to other service goals.*
  - ✓ *Counties developed mission and vision statements to guide their work and retain focus on tasks and goals.*
  - ✓ *Counties organized, leveraged, and coordinated resources to develop greater efficiencies.*
  - ✓ *Counties developed mechanisms for getting input from constituents and stakeholders in both the planning and implementation processes.*
  - ✓ *Integration enabled greater collaboration between programs and led to innovations in service delivery.*

# COLLABORATION THREE LOS ANGELES

In the previous chapter we studied the integrated senior services models for San Diego, San Francisco, and San Mateo Counties and looked at the steps they took in developing and implementing system changes. Whereas those organizations are characterized by program elements that promote a seamless system of care that is delivered under the authority of one governing body, this chapter examines three county initiatives that have proven to be successful collaborative models.

Los Angeles County has extensive experience in developing and implementing inter-agency collaborative models that are recognized as highly effective. This method emphasizes coordination to facilitate a seamless services delivery while maintaining separate organizational structures. In this chapter, we look at three of the County's successful inter-agency collaborative models.

## Los Angeles County Financial Abuse Specialist Team (FAST)

In 1993, Los Angeles County established the Financial Abuse Specialist Team (FAST) as a measure to combat the rising tide of elder financial abuse. Community and Senior Services' Area Agency on Aging administers this inter-agency effort, which brings together professionals from public and private agencies from various fields such as:

- Banking
- Conservator
- Law Enforcement
- Home Health Providers
- Real Estate

Subject matter experts in the field of insurance, case management, probate, gerontology, geriatrics and psychiatry participate in FAST. Members serve as consultants to Adult Protective Services

(APS) social workers on complex cases involving elder financial abuse.

Once per month, the FAST organizes speakers with expertise on subjects related to finances, such as Trusts, Wills, Powers of Attorney, or Conservatorships. During these meetings, members evaluate APS social worker case presentations involving elder financial abuse and provide expert advice to help end or remedy the abuse.

This inter-agency approach provides a credible and reliable resource for APS social workers in their management of complex cases. They also facilitate seamless information sharing that enhances intervention and prevention efforts.

# MODELS: COUNTY INITIATIVES

## Los Angeles County Elder Abuse Forensic Center

Similar to the FAST inter-agency approach, the Los Angeles County Elder Abuse Forensic Center team was established in 2006 as a multi-partnership effort that included the University of Southern California and was funded through private grants. Its purpose is to improve the quality of life for vulnerable seniors and adults with disabilities who have been victims of abuse and neglect. The Forensic Center's goals include:

- 1 To improve communication and coordination between the County agencies responsible for investigating crimes against the elderly and disabled in Los Angeles County.
- 2 To increase opportunities to achieve justice as well as improved health and welfare for elderly and disabled victims of abuse and neglect.
- 3 To improve awareness and knowledge about the crime of elder and disabled adult abuse and neglect including such areas of prevention, identification and treatment.

The multidisciplinary team, which is comprised of public and private professionals, works to provide expert and comprehensive case examination, documentation, consultation and prosecution of elder and disabled adult abuse cases. Participants include members from the following organizations:

LAC Community and Senior Services, Adult Protective Services Program  
LAC District Attorney's Office, Victim Witness Assistance Program  
LA City, Attorney's Office  
LA City, Police Department  
LAC Sheriff Department  
LAC Department of Mental Health, Office of the Public Guardian and GENESIS  
LAC Coroner's Office  
California State Long-Term Care Ombudsman  
Bet Tzedek Legal Services  
University of Southern California Leonard Davis School of Gerontology  
University of Southern California Keck School of Medicine

As part of this collaborative case evaluation effort, Elder Abuse Forensic Center team members facilitate key activities, such as neuropsychological testing, taped

victim interviews and education and training. They also look beyond the legal and evidentiary components of these cases and support the elders and vulnerable adults by assisting with access to medical care, counseling, victim services, social services, and support. Medical forensic examinations and neuropsychological testing are conducted through a clinic service or in the home as needed.

The County's Elder Abuse Forensic Center exemplifies the enormous gains an organization can achieve by coordinating multiple resources to address critical case management needs. By merging the efforts of various public, private and education professionals, the Elder Abuse Forensic Center team is an invaluable resource for APS social workers in facilitating thorough case evaluations. This in turn ensures that victims receive comprehensive support that help end or remedy the abuse.

## PROJECT 50

Project 50 is a demonstration program to identify, engage, house and provide supportive services to the 50 most vulnerable, long-term chronically homeless adults living on the streets of Skid Row. The Los Angeles County Department of Mental Health (DMH) serves as the lead county agency. Project 50 involves 4 areas:

### Registry Creation

DMH Homeless Outreach and Mobile Engagement (HOME) team and Downtown Mental Health Center (DMHC) in collaboration with partner agencies and departments counted 471 homeless individuals and surveyed 350 in the Skid Row area over a 10 day period. The team identified the 50 most vulnerable persons, 25 of whom were seniors age 60+.

### Outreach Team

Maintain regular contact with identified individuals in efforts of establishing rapport  
Assess needs, define the service goals, and reach agreement with the individual on a plan for service delivery  
Connect and/or reconnect individuals to appropriate services and supports.

### Integrated Supportive Services Team

- Interagency collaboration for comprehensive care and services
- Multi-disciplinary team to provide supportive services for two years
- Level of service based on each individual's need


### Supportive Services

- Benefit (re)establishment
- Money management
- 24 Hour/7 day crisis services
- Employment services
- Transportation services
- Education opportunities
- Medication management
- Recovery-based self-help and support groups
- Mental health therapy and substance abuse treatment

Project 50 has demonstrated unprecedented collaboration across 26 public and private agencies. Fifty of the most vulnerable chronically homeless have been housed and 84 % remain stable in housing.

# Key Insights

The three inter-agency models demonstrate ways in which separate agencies can quickly be organized to effectively achieve successful service delivery outcomes:



✓ *Inter-agency teams can organize subject matter experts within existing work environments.*

✓ *Inter-agency teams use partnerships with external entities to leverage resources.*

✓ *Inter-agency teams can be assembled quickly and within current resource limits to address specific and complex service needs.*





# RECOMMENDATIONS FOR INTEGRATION AND COORDINATION

In looking to keep seniors and adults with disabilities at the center of program re-design and to keep services cost effective, Los Angeles County must explore options to organize and leverage its resources. Through the Seamless Senior Services (S3) initiative, the County took its first step to explore approaches that enhance service delivery to seniors and adults with disabilities. These efforts included: developing Task Force workgroups<sup>28</sup> to discuss easy-to-implement short-term options for seamless services, facilitating stakeholder sessions with the community and care providers, and organizing County aging and disabled adult program managers and professional staff<sup>29</sup> to identify duplicative functions across programs. We also explored opportunities to support integration, coordination, and streamlined service delivery.

## Adult Protective Services

The Adult Protective Services program (APS) is a State-mandated service that investigates situations involving elders (age 65 or older) and disabled adults (18 to 64 years of age and physically or mentally impaired) who are reported to be endangered by physical, sexual or financial abuse, abandonment, isolation, abduction, neglect, or self-neglect. Any endangered elder or disabled adult is eligible for APS regardless of income. APS referrals are received through the Elder Abuse Hotline.

Once the report is filed, APS social workers make face-to-face contact with the abused, neglected or exploited person to investigate and assess the situation. An appropriate case plan is developed, working with relevant outside agencies such as the local Senior Center, law enforcement, Consumer Affairs, Public Guardian, and Mental Health.

## Public Guardian

The County Mental Health Director/Public Guardian functions as the legal guardian or conservator of the person and estate of individuals whom the court has determined to be unable to provide for their basic needs of food, clothing and/or shelter. The Public Guardian can act under the authority of the Welfare and Institutions Code and the Probate Code.

## Veteran Services

The Department of Military and Veterans Affairs provides verification of veterans' benefits for federal, State, and local agencies. Veterans, survivors and their dependents are interviewed and counseled on the availability of benefits and services. Veterans Counselors file and monitor claims and appeals on the client's behalf. The Department also issues Section 8 housing vouchers to homeless veterans.

## Area Agency on Aging

The Area Agency on Aging (AAA) offers a variety of programs and services that promote independent lifestyles for its target population through 53 community-based agencies such as nutrition, care management, legal assistance, caregiver, and senior employment and training. It is also responsible for identifying unmet needs of older and disabled adults and administering programs that promote the health, dignity and well-being of Los Angeles County's residents.

## In-Home Supportive Services

The In-Home Supportive Services (IHSS) Program helps pay for services provided to eligible, low-income persons who are 65 years of age or over or legally blind or disabled adults and children so they can remain safely in their own homes. IHSS is considered an alternative to out-of-home care such as nursing homes or board and care facilities.

## Older Adult Systems of Care

The Department of Mental Health delivers services to seniors and adults with disabilities through a variety of programs including but not limited to, the Full Service Partnership (FSP) program for older adults, ages 60 and above, with a major mental illness who are in need of intensive community-based mental health services. This is an enrollment-based program geared principally toward individuals who are homeless, incarcerated, or who have had multiple psychiatric hospitalizations. FSP provides assessment and evaluation, therapy, case management, crisis intervention and medication management, as well as linkages to other needed services such as: housing, transportation, health services, and benefits establishment.

## Senior Centers and Recreation

The County operates several community and senior centers. Each center is tailored to the unique ethnicity and culture of the community in which it is located. Services vary from one location to another.

Many centers offer classes for aerobics, bridge, citizenship, computer training, and dance. More importantly, the centers serve as a social gathering place for individuals to form valuable relationships. In addition, many licensed community agencies that provide nutrition, ombudsman, legal services, tax preparation, education, etc. operate from the centers, providing a convenient way for area residents to access services.



# CONNECTING

During the months of March and May 2009, aging and disabled adult program leaders and professional staff met to discuss options that supported seamless services delivery. They produced several recommendations reflecting consensus for collaboration across various programs and service areas. They also proposed some integration to achieve greater efficiency in current information and assistance and referral processes.

## Emergency Response

Improve emergency response coordination for seniors and adults with disabilities by designating a lead agency with responsibility for coordinating critical preventive and intervention efforts that would enable County staff and contractors to respond to the neediest in case of a disaster:

- 1 Assign CSS's Area Agency on Aging (AAA) to coordinate with the Office of Emergency Management, Department of Public Health and Department of Public Social Services in aiding County residents by dispersing material pertaining to the emergency, shelter, etc.<sup>30</sup>
- 2 Assign AAA to monitor its providers to ensure they provide a Continuity of Business Emergency Plan and maintain a Registry of their clients containing emergency contact information.
- 3 Assign AAA to coordinate with the Office of Emergency Management and DPSS in assisting with the coordination of Local Assistance Centers (LACs) in the event of a natural disaster, such as earthquakes, wildfires, etc.

# THE PIECES

## Automation

Use technology to promote the coordination of information to raise awareness and communication of aging and disabled adult needs:

- 1** Enhance the DPSS's In-Home Supportive Services' (IHSS) automated application system to include a drop-down feature that allows clerks to identify and store caller service needs.
- 2** This added feature would enable social workers to ascertain additional information necessary for developing a comprehensive case plan that includes risk assessment, prevention, and intervention services.
- 3** Explore an automated system similar to San Diego County's Reverse 911 calling system.
- 4** When an emergency strikes, it is imperative to have a plan of action to check on the most frail and vulnerable to ensure their safety and well-being. The reverse 911 system is a communications solution that uses a combination of database and Geographic Information Systems (GIS) mapping technologies to deliver outbound notifications. Users can quickly target a precise geographic area and saturate it with thousands of calls per hour. The system's interactive technology provides immediate interaction with seniors and adults with disabilities and aids in rapid response to specific needs.
- 5** Enhance the State IHSS Case Management and Information Payroll System (CMIPS) II, which is currently in development, to allow social workers to post and track APS Public Guardian and Multi-Purpose Senior Services Program referrals made by IHSS social workers.

The system enhancements support accurate data gathering, statistical reporting, and referral activities. In addition, this recommendation promotes information sharing and referral practices between departments.

## Information Sharing

Promote information sharing to raise awareness and transparency:

- 1 Develop and share an information guide of services for inclusion in County client intake, orientation, and program packets.
- 2 Create a list of agencies that provide caregiver services, using large print.
- 3 Develop a reference sheet outlining Veterans services.
- 4 Develop program and staff rosters and post on the Internet.
- 5 Revise the Citizen's Guide format to organize information by service rather than by department or funding source, including color-coding the guide to make it user friendly.
- 6 Distribute literature, such as brochures, pamphlets flyers, etc. to notify departments about toll-free senior and adults with disabilities service numbers.
- 7 Develop a fact sheet outlining available recreation services including locations and opportunities for engagement.
- 8 Use the County Digest to feature departmental senior and dependent adult services, community and special events, and other information.

## Intake Processes

Develop tools that capture key client-related information at the onset of the intake or application process:

- 1 DPSS, in collaboration with CSS, will develop a questionnaire that allows IHSS application clerks to identify a caller's comprehensive needs.
- 2 Collecting this information at the onset would assist social workers in identifying other services that are available to seniors and adults with disabilities.
- 3 DPSS, in collaboration with CSS, will develop a checklist for IHSS social workers to complete during the initial intake and annual assessment process.
- 4 Establishing a checklist ensures that prevention and intervention services are conducted during the initial assessment. For example, social workers would use the checklist to recognize signs of neglect and abuse and make the appropriate referral to Adult Protective Services.

## Multi-Disciplinary or Inter-Agency Teams

Establish multi-disciplinary teams or inter-agency teams with a wide range of expertise to enhance case management, planning, and other critical activities between departments:

- 1** Create an inter-agency team comprised of representatives from IHSS Program, APS, and DMH (Genesis and Public Guardian) to develop and share policy and procedures and review program directives in an effort to streamline access to services.
- 2** Establish multi-disciplinary teams to identify seniors and disabled adults with multiple and complex needs that require services across several County departments, facilitating a client-centered, comprehensive case management approach.
- 3** Develop a coordinated monthly data match that brings together data from APS, IHSS, and DMH (Public Guardian) in an effort to identify seniors and adults with disabilities who are accessing multiple programs. These clients are identified as potentially high-risk clients and candidates for comprehensive case management services.

Multi-disciplinary and inter-agency teams allow for collaborative assessment of consumer needs, and joint interdepartmental service planning as well as reduce duplication of case management and linkages services. Additionally, coordinated data matching would enable a joint effort in comparing services to determine which seniors and adults with disabilities are receiving services and which clients require referrals for additional services.

## Referrals

- Develop policies and procedures, training programs, and other mechanisms to properly assess and refer clients to the right services.<sup>31</sup> Special attention must be given to programs that support caregivers and veterans at risk for homelessness.
- 1** Refer applicable IHSS providers to AAA's Family Caregiver program for services such as counseling, training, support groups, and respite care, whenever appropriate.
  - 2** Develop a method of referral that informs clients of potential veterans benefits and provides contact information for services.
  - 3** Develop a method to assess incapacitated clients (or those under the Public Guardian program) for potential eligibility to veterans benefits.
  - 4** Develop a method to refer veterans at risk of becoming homeless to non-profit service organizations for assistance and assessment of eligibility for services.
  - 5** Develop a matrix to identify duplicate referral processes; work closely with agencies providing duplicate services to maximize referrals.

## Policy and Training Development

Develop complementary policies and protocols as well as training programs to facilitate seamless services delivery among certain critical programs:

- 1 AAA, APS, and IHSS will collaborate and develop policies and procedures on case information sharing and referrals.
- 2 AAA, APS, and IHSS will develop training curricula designed to increase IHSS social worker awareness in identifying senior and disabled adult abuse, neglect and exploitation, and reporting and referrals procedures.

3 Develop a "Train-the-Trainer" session to promote utilization of CSS's AAA Family Caregiver Support Program by IHSS providers.

4 Develop training programs aimed at departmental line staff to raise awareness of all County senior and disabled adult services and referral procedures.

Complementary policies and training programs are crucial to ensuring that departments with overlapping roles perform in concert with established protocols. Similarly, properly developed training programs increase employee awareness of procedures and facilitate services delivery in a consistent manner.



## Integration and Collaboration

The functions of information and assistance, referral, case management, and assessment are duplicative. To partly address this duplication:

- 1 Establish a one-stop center that integrates application and information and referral services for seniors and adults with disabilities.
- 2 Identify a County lead department or departments to develop, coordinate, and implement senior and disabled adult programs. This coordinated role includes responsibility for monitoring program outcomes.
- 3 Expand the use of Operational Agreements between County departments, such as CSS, DPSS, DMH, and DHS as well as other community-based organizations, Senior Centers, and faith-based entities to improve coordination.

## Homelessness

In response to the June 10, 2008 motion by Supervisor Burke related to the crisis of homelessness for older adults, the Chief Executive Office reviewed six recommendations included in Shelter Partnership, Inc.'s *"Homeless Older Adults Strategic Plan."* Efforts are currently underway by the CEO to create a five-year Homeless Service Integration Plan that addresses gaps in the County's homeless services continuum<sup>32</sup> to include homeless older adults.

In line with this effort and as part of the next phase in the S3 initiative, we are proposing to form a coalition comprised of Health and Human Services agencies and community partners, especially those with subject matter expertise in subsidized housing and homelessness sectors to address barriers to homelessness and help homeless seniors attain and sustain permanent housing. The coalition will be tasked with:

- 1** Facilitating the development of a proposal to decrease barriers to housing by linking homeless service providers with administrators of affordable senior housing and by encouraging service providers to provide on-going support to sustain tenancies.
- 2** Facilitating the design of a pilot program that targets homeless older adults in year-round shelters through the creation of an inter-disciplinary team comprised of a geriatrician, psychiatric specialist, medical staff, dental staff, income specialist, and housing specialist.

## Transportation

There has been an increasing need for improved transportation options for seniors and adults with disabilities. More specifically, there are demands for better access as well as for services that meet individualized needs such as "door-to-door" or "door-through-door" transportation. "Door-to-door" transportation services are defined as picking up passengers at the door of their homes and delivering them to the doors of their destinations. "Door-through-door" transportation services offer personal, hands-on assistance for persons who have difficulties getting in and out of vehicles and buildings. To address the need for better expanded transportation options:

- 1** Community and Senior Services, in collaboration with the City of Los Angeles, other municipalities, and other unincorporated areas will identify transportation gaps related to "door-to-door" or "door-through-door" transportation services for seniors and adults with disabilities.
- 2** Community and Senior Services, in collaboration with the City of Los Angeles, other municipalities, and other unincorporated areas will seek funding for a pilot paratransit system in high-needs areas. The pilot will demonstrate multi-jurisdictional coordination and integration between existing public and public transportation systems.

# NEXT STEPS

The Seamless Senior Services (S3) initiative represents the County's first steps in expanding service delivery and improving coordination between aging and adult services departments. Over the past year, our efforts centered on identifying the various programs that serve seniors and adults with disabilities as well as on working with program experts from other County departments to find ways of improving coordination and/or integration of various programs. Our goal was also to gain consensus among County policy makers that aging and disabled adult concerns are complex and that our current way of doing business is no longer sufficient.

The Task Force is proposing a multi-year, phased-in approach to the continued planning, analysis, and design of organizational structures and/or administrative systems as well as the implementation of short and long term recommendations.

**1** *Community and Senior Services maintain its role as the lead department in the S3 effort.*

**2** *Community and Senior Services work with the Chief Executive Office and departments providing critical service to seniors and adults with disabilities to identify existing funds and establish an implementation team, housed in Community and Senior Services, in FY 2009-10. The team will:*

**E**xplore the use of, the County's Information Technology Fund, to enhance an existing data warehouse system needed to centralize information for critical senior, disabled, and dependent adult programs;

**C**oordinate, with affected departments (i.e. Chief Executive Office, Department of Public Social Services, Department of Mental Health, Military and Veterans Affairs, etc.), the review, prioritization, and implementation of recommendations developed by the S3 Task Force;

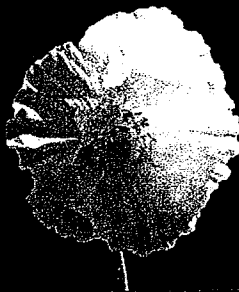
**L**ead the formation of a coalition, comprised of Health and Human Services agencies and community partners – especially those with subject matter expertise in subsidized housing and homelessness sectors – to address barriers to homelessness and help homeless seniors attain and sustain permanent housing.

**3** The Chief Executive Office direct the department heads of critical programs to establish MAPP goals that are centered on the implementation of S3 recommendations using, to the extent possible, existing resources in the following areas:

*Automation*  
*Emergency Response*  
*Information Sharing*  
*Intake Processes*  
*Multi-Disciplinary Teams*  
*Policy and Training Development*  
*Referrals*  
*Integration and Collaboration*  
*Homelessness*  
*Transportation, and*  
*Other Services*

**4** The Chief Executive Office conduct, or assign a lead department to explore, in consultation with affected departments, the feasibility of further integration efforts, such as creating a department specifically for some or all of the critical aging and disabled adult programs; or, implementing structures that improve coordination between departments. The analysis is to include cost-avoidance studies to estimate potential savings that could result from integrating, streamlining, and eliminating service duplication.

## PLANTING THE SEEDS FOR TOMORROW



This initiative started with a charge to be proactive and better prepared to address the future needs of Los Angeles County's seniors. As the County moves into the next phase of planning and carrying out these recommendations, our constituents will remain at the center of our efforts to make Los Angeles County a great place to grow up and grow old.



## Footnotes

<sup>1</sup> Baby Boomers are those born between 1946 and 1964.

<sup>2</sup> The term "no-wrong door" describes the ability to access information or services regardless of how a constituent enters the system.

<sup>3</sup> Older Adults Systems of Care includes the following programs: Field Capable Clinical Services (FCCP), Full Service Partnerships for Older Adults, Older Adult Consultation Services, and Service Extenders.

<sup>4</sup> Data projections are provided by the California Department of Finance, and were presented by L.A. County Urban Research.

<sup>5</sup> In 2006, the County of Los Angeles Community and Senior Services, the City of Los Angeles Department of Aging and Los Angeles County Commission on Aging (LACCOA) collaborated to conduct a large-scale needs assessment of older residents in Los Angeles County.

<sup>6</sup> The S3 Fiscal Survey of Senior Programs was released on February 9, 2009 to all County departments. A copy of the survey and survey responses is available in the Appendix.

<sup>7</sup> Budget information for 28 of the 98 programs initially identified by the S3 Task Force was either not reported or not included in the 2007-08 County Budget, per the S3 Fiscal Survey of Senior Programs. Additionally, not all of the programs surveyed provided services that were specific to seniors and adults with disabilities.

<sup>8</sup> Complementary services are those that work in concert with the critical services and/or affect a senior's and disabled adult's ability to live independently in his/her community. The eight complementary programs were identified as: 211 L.A. County; Elder Abuse Forensic Center; Elder Abuse Prosecutions; Elder Financial Abuse Investigations; Medi-Cal; Senior Housing Programs; SSI Advocacy; and Transportation.

<sup>9</sup> San Diego, San Francisco City-County, and San Mateo County integrated aging and adult services programs (ref. Chapter IV, "Integration Models: Three California Counties").

<sup>10</sup> Older Adults Systems of Care includes the following programs: Field Capable Clinical Services (FCCP), Full Service Partnerships for Older Adults, Older Adult Consultation Services, and Service Extenders.

<sup>11</sup> As a multi-year effort, the S3 Task Force was also asked to design systems and organizational structures to support an integrated case management system.

<sup>12</sup> A complete list of these programs is available on <http://css.lacounty.gov/>

<sup>13</sup> The team was comprised of representatives from Community and Senior Services, Department of Public Social Services, Department of Mental Health, Consumer Affairs, District Attorney, Sheriff Department, Fire Department, Public Health, Probation Department, Department of Health Services, Chief Executive Office, and Public Defender.

<sup>14</sup> The team was comprised of representatives from Community and Senior Services, Department of Public Social Services, Department of Mental Health, Department of Child Supportive Services, Department of Health Services, Chief Executive Office, Los Angeles County Arts Commission, Department of Military and Veterans Affairs, Parks and Recreation, Public Library and Animal Care and Control.

<sup>15</sup> This work group was comprised of representatives from Community and Senior Services, Community Development Commission, Housing Authority, County Counsel, Department of Children and Family Services, Department of Public Social Services, Department of Mental Health, Office of Affirmative Action Compliance, Personal Assistance Services Council, Treasurer-Tax Collector, and Department of Military and Veteran Affairs.

<sup>16</sup> This work group was comprised of representatives from the Board of Supervisors, Community and Senior Services, Department of Human Resources, Department of Public Social Services, and Department of Military and Veteran Affairs.

<sup>17</sup> The survey was a collaborative effort between Los Angeles County (LAC) Community & Senior Services, City of Los Angeles Department of Aging, and the LAC Commission on Aging.

<sup>18</sup> Stakeholder sessions were held at the LAC Department of Aging; LA City Department of Aging; East L.A. Community Services Center; El Monte Community Center; Joslyn Adult Center, Burbank; Albert Jewish Community Center, Long Beach; National Guard Armory, Van Nuys; L.A. Sheriff's Department Whittier Star Training Center; Culver City Community Center; Lynwood Senior Citizen Center; Antelope Valley Senior Community Center; Torrance YMCA Senior Center; Topanga Community Center; Inglewood Community Senior Center; Santa Clarita Community Senior Center; and, Joslyn Senior Center, Covina. The *"Final Report: Stakeholder Engagement Meetings"* can be referenced on the Los Angeles County, Community and Senior Services' internet website at <http://css.lacounty.gov/>

<sup>19</sup> Comments from residents in the City of Whittier

<sup>20</sup> Comments from residents in the City of Lynwood

<sup>21</sup> Comments from residents in Van Nuys

<sup>22</sup> Comments from residents in Van Nuys

<sup>23</sup> Comments from residents in the City of Lynwood

<sup>24</sup> Comments from residents in the City of Whittier

<sup>25</sup> Comments from the City Department on Aging

<sup>26</sup> Comments from residents in the City of Santa Clarita

<sup>27</sup> Comments from residents in the City of Covina

<sup>28</sup> CSS convened four broad-based task force work groups comprised of representatives from 26 organizations spanning County departments, other government agencies, and councils. Their focus included: Health and Well-being; Income Support; Prevention and Intervention; and Supportive Services.

<sup>29</sup> CSS organized four committees representing program managers and professional staff from the Department of Public Social Services, Department of Mental Health, Public Guardian, Military and Veterans Affairs, and Parks and Recreation.

<sup>30</sup> CSS's AAA was identified as a key lead agency to lead emergency response initiatives; however, the lead role may vary according to the type of disaster – i.e. Department of Public Health (DPH) will initiate Adverse Weather Advisories.

<sup>31</sup> Recommendations are covered under Automation, Policy and Training Development sections.

<sup>32</sup> Reference the Chief Executive Office's memorandum to the Board of Supervisors dated November 14, 2008, "Homeless Older Adults Strategic Plan Recommendations to Solve Homelessness for Older Adults."

To access the inventory of services available to seniors and adults with disabilities in Los Angeles County as well as budget information and other documents related to the Seamless Senior Services Initiative, please visit our website at

**<http://css.lacounty.gov>**



Los Angeles County  
 Community and Senior Services  
 3175 W. Sixth Street  
 Los Angeles, CA 90020  
 (213) 738-2600

<http://css.lacounty.gov>

OFFICE OF THE COUNTY CLERK  
 100 N. GATE  
 LOS ANGELES, CA 90012  
 (213) 473-2000

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